STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	011970	A. BUILDING: _____ B. WING _____	R 10/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERMILLION PLACE	449 MAIN ST ANDERSON, IN 46016

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the PSR completed on August 20, 2015 to the State Residential licensure Survey completed on May 28, 2015. Survey dates: October 8 and 9, 2015 Facility number: 011970 Provider number: 011970 AIM number: N/A Census bed type: Residential: 39 Total: 39 Sample: 3 Vermillion Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Post Survey Revisit for the Post Survey Revisit. Quality review completed by 26143, on October 15, 2015.	{R 000}		